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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Attorney Docket No. 11462RRUS02U

RAJA P. NARAYANAN, ET AL.

§
§ Examiner: Unknown

Serial No. 09/687,486

§
§ Art Unit: 2684

Filed: October 13, 2000

§
§

For: MOBILE IP EXTENSION
RATIONALIZATION (MIER)

§
§
§
§

REQUEST FOR CORRECTED FILING RECEIPT

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MAY 16 2001

Assistant Commissioner for Patents
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Applicant hereby requests that a Corrected Filing Receipt be issued for the above-identified patent application.

CERTIFICATE OF MAILING

37 CFR 1.8(A)

I hereby certify that this correspondence is, on the date shown below, being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D. C. 20231.

Date

2/9/2001

Signature: DENA FARIS

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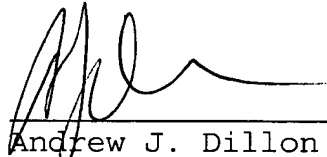
Please amend the Filing Receipt as follows:

Please correct the attorney docket number to read --
11462RRUS02U-- instead of "RR11462".

A copy of the Filing Receipt with the requested changes noted
thereon is enclosed for reference.

No fee is believed to be required at this time; however, in
the event any fees are required, please charge BRACEWELL &
PATTERSON Deposit Account No. 50-0259.

Respectfully submitted,



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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
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WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/687,486	10/13/2000	2684	710	RR11462 (RR US 02U)	20	20	3

Andrew J Dillon
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FILING RECEIPT



OC000000005584265

Date Mailed: 11/29/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Raja P. Narayanan, Irving, TX ;
Mohamed Khalil, Dallas, TX ;
Emad A. Qaddoura, Plano, TX ;
Haseeb Akhtar, Garland, TX ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/159,407 10/14/1999

Foreign Applications

If Required, Foreign Filing License Granted 11/29/2000

Title

Mobile IP extension rationalization (MIER)

Preliminary Class

455

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Data entry by : DILLON, LAWANDA



Date: 11/29/2000

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Bib Data Sheet

CONFIRMATION NO. 9380

SERIAL NUMBER 09/687,486	FILING DATE 10/13/2000 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. 11462RRUS02U
APPLICANTS Raja P. Narayanan, Irving, TX; Mohamed Khalil, Dallas, TX; Emad A. Qaddoura, Plano, TX; Haseeb Akhtar, Garland, TX;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/159,407 10/14/1999 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/29/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 20
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS Andrew J Dillon Felsman Bradley Vaden Gunter & Dillon LLP 7600B North Capital of Texas Highway Suite 350 Lakewood on the Park Austin, TX 78731				
TITLE Mobile IP extension rationalization (MIER)				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	